

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24879

FILED JUL 31 1948

Registration District No. 267

Primary Registration District No. 3063

Registrar's No. 1754

## 1. PLACE OF DEATH:

(a) County St. Louis County  
 (b) City or town Clayton, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Co. Hospital (1)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 hours  
 In this community 32 years (Specify whether years, months or days)

## 3: (a) PRINT FULL NAME

(b) If veteran,  
name war

3. (c) Social Security No.

5. Color or race white  
 4. Sex Female  
 6. (a) Single, widowed, married, divorced wid. 2  
 6. (b) Name of husband or wife Wm. Horneker  
 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased March 2, 1873  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 17 hr. min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation none

## 11. Industry or business

MOTHER FATHER  
 12. Name Henry Hufsing  
 13. Birthplace Holland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Christine Hufsing  
 15. Birthplace Jefferson City, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rau-Mildred Traubel  
 (b) Address 705 Greeley, Web. Gr.  
 17. (a) Burial (b) Date thereof 7-22-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester  
 19. (a) 7-19-48 (b) Gene G. Shapiro  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7349 Marietta  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th  
 year 1948 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 18th, 1948, to July 19th, 1948,  
 that I last saw her alive on July 19th, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 1 day  
 Due to Cerebral embolism  
 Due to 94a

Other conditions  
 (Include pregnancy within 3 months of death)

## Major findings:

Of operations  
 Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
 While at work? (e) Means of injury

23. Signature G. Shue (M. D. number)  
 Address 601 S. Brentwood Date signed 7-19-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. Allen Davis Jr  
Licensed Embalmer No. 452  
P. O. Address St Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If ~~this~~ body is not embalmed, fact should be so stated above.